

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012669

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF SHAWNA M. MUCARIO, P.A.

**Current Principal Place of Business:**

1519 DR M.L. KING JR. ST. N.  
SUITE 2  
SAINT PETERSBURG, FL 33704 US

**New Principal Place of Business:**

1631 DR. M.L. KING JR. ST. N.  
SAINT PETERSBURG, FL 33704 US

**Current Mailing Address:**

1519 DR M.L. KING JR. ST. N.  
SUITE 2  
SAINT PETERSBURG, FL 33704 US

**New Mailing Address:**

1631 DR. M.L. KING JR. ST. N.  
SAINT PETERSBURG, FL 33704 US

**FEI Number:** 34-2040439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUCARIO, SHAWNA M ESQUIRE  
1519 DR M.L. KING JR ST N  
STE 2  
SAINT PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

MUCARIO, SHAWNA M ESQUIRE  
1631 DR M.L. KING JR ST N  
SAINT PETERSBURG, FL 33704 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUCARIO, SHAWNA M ESQUIRE  
Address: 1631 DR. M.L. KING JR ST N  
City-St-Zip: SAINT PETERSBURG, FL 33704 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAWNA M. MUCARIO

P

02/09/2011

Electronic Signature of Signing Officer or Director

Date